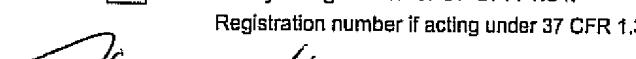


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |             | Docket Number (Optional)<br><b>RFA-10002/50</b> |           |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
|---|-------------|---|-----------|------------|-------------------------|--|--|-------|------|----|--|-------|-------|-----------|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| Application Number  | 10/721,921  | Filed<br><b>November 25, 2003</b>               |           |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <b>For DYNAMIC RESIDENTIAL CONSTRUCTION ESTIMATION PROCESS</b>  |             |   |           |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit  | <b>3625</b> | Examiner<br><b>Jason B. Dunham</b>              |           |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%; text-align: center; padding: 5px;"><u>Fee</u></th> <th style="width: 15%; text-align: center; padding: 5px;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 5px;">\$120</td> <td style="text-align: center; padding: 5px;">\$60</td> <td style="text-align: center; padding: 5px;">\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 5px;">\$450</td> <td style="text-align: center; padding: 5px;">\$225</td> <td style="text-align: center; padding: 5px;">\$ 225.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 5px;">\$1020</td> <td style="text-align: center; padding: 5px;">\$510</td> <td style="text-align: center; padding: 5px;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 5px;">\$1590</td> <td style="text-align: center; padding: 5px;">\$795</td> <td style="text-align: center; padding: 5px;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 5px;">\$2160</td> <td style="text-align: center; padding: 5px;">\$1080</td> <td style="text-align: center; padding: 5px;">\$</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br/> <input type="checkbox"/> A check in the amount of the fee is enclosed.<br/> <input checked="" type="checkbox"/> Payment by credit card.<br/> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br/> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br/>           Deposit Account Number <u>07-1180</u>.         </p> <p>           I am the <input type="checkbox"/> applicant/inventor.<br/> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>           Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,639</u><br/> <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>           Registration number if acting under 37 CFR 1.34         </p> <p> <br/> <u>Signature</u><br/> <u>Kevin S. MacKenzie</u><br/> <u>Typed or printed name</u> </p> <p style="text-align: right;"> <u>February 27, 2007</u><br/> <u>Date</u><br/> <u>(248) 647-6000</u><br/> <u>Telephone Number</u> </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |             |   |           | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 225.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|   | <u>Fee</u>  | <u>Small Entity Fee</u>                         |           |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120       | \$60  | \$        |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450       | \$225   | \$ 225.00 |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020      | \$510   | \$        |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590      | \$795   | \$        |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160      | \$1080  | \$        |            |                         |  |  |       |      |    |  |       |       |           |   |        |       |    |  |        |       |    |  |        |        |    |